



Last Updated: 03/09/2022

## ID and DD Respite Service Authorizations — Effective April 1, 2014

The purpose of this memorandum is to notify providers of respite services under the Intellectual Disability (ID) and Individual and Family Developmental Disabilities (DD) Waivers that the Department of Medical Assistance Services (DMAS), in conjunction with the Department of Behavioral Health and Developmental Services (DBHDS), is changing the duration of respite (RESPI and S5150) service authorizations. This information updates information contained in the 11/26/12 Medicaid Memo concerning duration of service authorizations for respite services.

### For ID Waiver:

1. By May 31, 2014, DBHDS will automatically extend the current respite service authorization end dates to 12/31/2015; and
2. New service authorizations for respite will be changing to 24-month durations effective April 1, 2014.

ID Waiver providers and individuals receiving respite services will receive a DMAS generated letter with the new 2015 respite end date; this is the provider's authorization to bill. *This will be a one-time, automatic change to move respite authorization renewals off the state fiscal year.*

**ID Waiver providers and case managers must align the respite renewal date with the Individual Support Plan annual date in IDOLS at the next ISP renewal.** This must be accomplished before 12/31/15. DBHDS will change the respite end date in VAMMIS to correspond to the individual's ISP end date after submission through IDOLS. This will disperse the respite renewal dates more evenly across the year to assist in timely processing.



# MEDICAID MEMO

## For DD Waiver:

1. Service authorizations for respite will be changing to 24-month durations; and
2. Case managers must indicate on the annual plan of care the need for respite including the amount, but will not be required to submit service authorization requests to KEPRO more frequently than every 24 months.

DD waiver end dates are currently authorized according to the individual's Plan dates. There will be no automatic changes to the current authorized end dates for DD waiver respite authorizations.

New respite *admissions, renewals, re-admissions, and transfers* processed by KEPRO (DD Waiver) or DBHDS (ID Waiver) effective April 1, 2014 for either agency-directed or consumer-directed respite services will be for 24-month duration.

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Page 2

## **Annual Service Limitation for ID and DD Respite Will Not Change**

Regardless of the dates authorized for respite services, the annual service limit for ID and DD respite will remain at 480 hours per fiscal year (July 1 through June 30<sup>th</sup>), whether using agency directed, consumer directed, or a combination of both.



# MEDICAID MEMO

Questions regarding this change may be addressed to Sam Pinero at 804-786-2149 for the DD Waiver or your regional Community Resource Consultant for the ID Waiver (see <http://www.dbhds.virginia.gov/documents/ODS/omr-CR-ConsultantContactList.pdf> for a listing of contact information).

## **Provider Training for ID Respite Extension**

DBHDS and DMAS will host a webinar for ID and EDCD providers to clarify the changes and address provider questions.

### New End Dates for current ID respite service authorizations

The webinar is scheduled for April 10<sup>th</sup> from 10am-12 noon. This webinar will explain how the ID and EDCD respite authorizations will be extended. Examples will be provided in the webinar. You may register for this training session at

the following URL address:

<https://dmas.webex.com/dmas/k2/j.php?MTID=tc7cf2bd34b5d0f38f1d364ff3bae0f58>.

*Upon completion of the webinar registration, registered providers should receive a confirmation email with all of the training details and instructions. The number of participants allowed in each session is limited. Once a session is full, additional registration requests will be waitlisted. Waitlisted providers will be registered if a confirmed participant cancels. If you do not receive the confirmation email or if you have any questions regarding these sessions, please call 804-225-4578. If you have any problems logging in on the day of the session please call 1-866-229-3239.*

## **Methods of Submission to KEPRO for DD Waiver**

All submission methods and procedures are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and applicable federal and state privacy and security laws and regulations. Providers will not be charged for submission, via any media type, for service authorization requests submitted to KEPRO. KEPRO accepts service authorization (srv auth) requests through direct data entry (DDE), fax and phone.



## MEDICAID MEMO

Submitting through Direct Data Entry (DDE) places the request in the worker queue immediately. For DDE, providers must use Atrezzo Connect Provider Portal. For DDE, service authorization checklists may be accessed on KEPRO's website to assist in assuring specific information is included with each request. To access Atrezzo Connect on KEPRO's website, go to <http://dmas.kepro.com>. Faxes are entered by staff in the order received

Provider registration is required to use Atrezzo Connect. The registration process for providers is immediate on-line. From <http://dmas.kepro.com>, providers not already registered with Atrezzo Connect may click on "Register" to be prompted through the registration process. Newly registering providers will need their 10-digit National Provider Identification (NPI) number and their most recent remittance advice date for YTD 1099 amount. The Atrezzo Connect User Guide is available at <http://dmas.kepro.com>: Click on the *Training* tab, then the *General* tab.

Providers with questions about KEPRO's Atrezzo Connect Provider Portal may contact KEPRO by email at [atrezzoissues@kepro.com](mailto:atrezzoissues@kepro.com). For service authorization questions, providers may contact KEPRO at [providerissues@kepro.com](mailto:providerissues@kepro.com). KEPRO may also be reached by phone at 1-888-827-2884, or via fax at 1-877-OKBYFAX or 1-877-652-9329.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:  
1-804-786-6273      Richmond area and out-of-state long distance

1-800-552-8627      All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.